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\*\* CONTINUING DATA \*\*\*\*\* N/A \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* N/A \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 10/22/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> VT	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Signature</u> <u>Initials</u>				

## ADDRESS

46170

## TITLE

METHOD AND APPARATUS FOR DEPOPULATING PERIPHERAL INPUT/OUTPUT CELLS

<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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